

☐ **Family Nurse Practitioner**
☐ Version 1.0.1

☐ Scope
**Privilege(s)**

☒ The scope of privileges for family nurse practitioners includes the evaluation, diagnosis, treatment, disposition, and referral for patients of all ages with acute and chronic symptoms, illnesses, injuries, or conditions. FNP's provide education on health, well being, management and prevention of disease. FNP's assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.

**Supported****Not Supported**☒☐
☐ **Diagnosis and Management (D&M)**
**Privilege(s)**

☒ Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy

**Supported****Not Supported**☒☐

☒ Routine prenatal care for low-risk pregnancies

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☒ Uncomplicated postpartum patients

☒☐

☒ Initiate, continue, and terminate temporary / limited duty profile in accordance with Service policy

☒☐

☒ Place patients on quarters in accordance with Service policy

☒☐

☒ Cardiac stress test

☒☐

☒ Electrocardiogram (EKG) preliminary interpretation

☒☐
☐ **Procedures**
☐ **Skin**
**Privilege(s)**

☒ Laceration repair, single layer

**Supported****Not Supported**☒☐

☒ Incision and drainage of cysts and minor abscesses

☒☐

☒ Excision of cysts

☒☐

☒ Complete / partial nail removal with or without destruction of nail matrix

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☒ Cryosurgical removal of skin lesions

☒☐

☒ Thrombosed hemorrhoid incision and drainage (I&D)

☒☐
☐ **Head and Neck**
**Privilege(s)**

☒ Tonometry

**Supported****Not Supported**☒☐

☒ Slit lamp examination

☒☐

☒ Removal of ocular foreign body

☒☐

☒ Removal of nasal foreign body

☒☐

☒ Removal of otic foreign body

☒☐

☒ Placement of posterior nasal packs or balloons

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☒ Anterior nasal packing

☒☐

☒ Tympanometry

☒☐
☐ **Musculoskeletal**
**Privilege(s)**

☒ Arthrocentesis

**Supported****Not Supported**☒☐

☒ Joint injection

☒☐

☒ Reduction of simple closed fractures and dislocations

☒☐
☐ **GYN**
**Privilege(s)**

☒ Diaphragm fitting

**Supported****Not Supported**☒☐

☒ Endometrial biopsy

☒☐

☒ Endocervical curettage

☒☐

☒ I&D of Bartholin's gland abscess

☒☐

☒ Biopsy of vulva

☒☐

☒ Colposcopy with or without cervical biopsy

☒☐

☒ Intrauterine device (IUD) insertion

☒☐



<input checked="" type="checkbox"/> Removal of intrauterine device	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Subcutaneous contraceptive rod insertion/removal	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Culdocentesis	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Anoscopy	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/> <b>Procedure Advanced Privileges (Require Additional Training):</b>		
<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<input checked="" type="checkbox"/> Sigmoidoscopy	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> Paracentesis	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> Lumbar puncture	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> Thoracentesis	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> Colonoscopy with / without biopsy	<input type="radio"/>	<input checked="" type="radio"/>
<input type="checkbox"/> <b>Anesthesia privileges:</b>		
<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<input checked="" type="checkbox"/> Topical and local infiltration anesthesia	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Peripheral nerve block anesthesia	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/> <b>Skin Biopsies:</b>		
<b><u>Privilege(s)</u></b>	<b><u>Supported</u></b>	<b><u>Not Supported</u></b>
<input checked="" type="checkbox"/> Punch biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Shave biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Excisional biopsy	<input checked="" type="radio"/>	<input type="radio"/>
<input type="checkbox"/> <b>Other (Facility- or provider-specific privileges only)</b>		